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CONFIRMATION NO. 9198

SERIAL NUMBER 10/039,760	FILING OR 371(c) DATE 01/03/2002 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. UBCV-0006
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This appln claims benefit of 60/259,818 01/04/2001 *PAD*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

*NM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *pad*  
 \*\* SMALL ENTITY \*\*  
 \*\* 03/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 9	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and <i>pad</i> .				
Acknowledged Examiner's Signature <i>pad</i> Initials				

## ADDRESS

23377

## TITLE

Enterohemorrhagic escherichia coli vaccine

FILING FEE RECEIVED 1548	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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